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A Partnership of Borgess Medical Center Bronson Methodist Hospital Michigan State University

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REVOCATION OF POWER OF ATTORNEY WITH **NEW POWER OF ATTORNEY** AND

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Application Number	10/719,621
Filing Date	11/21/03
First Named Inventor	Luis H. toledo
Art Unit	1624
Examiner Name	Deepak Rao
Attorney Docket Number	Butto Stein

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I hereby revoke all previous powers of attorney given in the above-identified application. CENTRAL FA	
A Power of Attorney is submitted herewith.	2006
OR I hereby appoint the practitioners associated with the Customer Number: myself (Luis Toledo)	
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The address associated with Customer Number:	
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Telephone (269) 344-3886 Email dr Lhtp1 @ yahoo.com	
I am the: Applicant/Inventor.	,
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
SIGNATURE of Applicant or Assignee of Record	
Signature + Toledo	
Name Luis H. Toledo	
Date 3/14/06 Telephone (269) 344_3886	
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